

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <u>10647321</u>	FILING DATE				
						APPLICANT(S)					
						CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	IND	IND	IND	IND	IND
	IND	IND	IND	IND	IND	DEP	DEP	DEP	DEP	DEP	DEP
1						51					
2						52					
3						53					
4						54					
5						55					
6						56					
7						57					
8						58					
9						59					
10						60					
11						61					
12						62					
13						63					
14						64					
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32						82					
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36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.						TOTAL IND.					
TOTAL DEP.						TOTAL DEP.					
TOTAL CLAIMS						TOTAL CLAIMS					